

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

101070365

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | |
|-----------------|----------|------|------------------------|------|------------------------|------|-----------------|------|------|------|------|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | |
| 1 | | | | | | | 51 | | | | | |
| 2 | | | | | | | 52 | | | | | |
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| 36 | | | | | | | 86 | | | | | |
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| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | |